

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

04-29-2010

WELL LABEL # L 100676

START CARD # 1009640

(1) LAND OWNER Owner Well I.D. _____

First Name BOUDEWYN Last Name DEHOOP
Company _____
Address 19000 S. POE VALLY RD.
City KLAMATH FALLS State OR Zip 97603

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other TEST HOLE

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other Bent. Chip Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[] [] [X] 12 [X] 2 498 .250 [X] [] [X] [] []
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 498
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
2,500 180 2

Table for well tests with columns: Temperature, Lab analysis, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 11.50 E E/W WM
Sec 33 SW 1/4 of the NW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [X] Nearest address

20520 REILING RD. KLAMATH FALLS, OR

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Predeepening and Completed Well (04-26-2010, 22).

Flowing Artesian? [] Dry Hole? []

Table for WATER BEARING ZONES with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Table for WELL LOG with columns: Material, From, To. Lists soil types like Top Soil, Yellow Clay, etc.

Date Started 03-11-2010 Completed 04-26-2010

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number _____ Date _____
Electronically Filed
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 777 Date 04-29-2010
Electronically Filed
Signed STEPHEN R HUGHES (E-filed)
Contact Info (optional)